

U.S. Department of State

OMB APPROVAL NO. 1405-0189 EXPIRES: 03/31/2016 ESTIMATED BURDEN: 1 Hour

APPLICATION FOR EMPLOYMENT AS A LOCALLY EMPLOYED STAFF OR FAMILY MEMBER

(This application is for positions recruited by the U. S. Mission under the Office of Overseas Employment's Interagency Local Employment Recruitment Policy)

POSITION						
1. Position Title	2. Grade					
3. Vacancy Announcement Number	4. Date Available for Work (mm-dd-yyyy)					
PERSONAL II	NFORMATION					
5. Last Name(s)/Surnames First Name	Middle Name					
6. Other Names Used						
7. Current Address	8. Phone Numbers Day Evening Mobile					
9. E-mail Address						
10. Are you a U.S. Citizen?						
11. Do you have permanent U.S. Resident status (green card)? Ye If yes, provide number.	s No					
12a. U.S. Social Security Number (for U.S. Citizens/Permanent U.S. Reside and/or 12b. Country Identification Number	nts)					
13. Are you legally eligible to work in this country?						
If yes, Mission HR may require verification of eligibility. Please attach copies of all documentation that confirms your legal eligibility to work in this country (e.g., work permit, residency permit).						
14. If hired, are there accommodations the Mission needs to provide so that Ye If yes, please explain.						
15. If you are applying for a position that includes driving a U.S. Governmen						
If yes, Class/Type of License						
If yes, have you operated a vehicle without incident for the past three years Ye						

16. What days are you available to work as part of a regularly scheduled work week? (Check all that apply.) Sunday Monday Tuesday Mednesday Thursday Friday Saturday					
17. Do any of your relatives or members of your house	sehold work for the United	States Governme	ent? Yes	No	
If yes, provide the details below. If you need more specification of relatives and members of household.)	pace, use an additional she	et of paper. (See	Instructions for Completi	ng the DS-174 for the	
Name	Rela	tionship	Agency, Po	Agency, Position, and Location	
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U.S. CITIZEN ELIGIBLE FAMILY	MEMBER (USEFM)	AND U.S. VE	TERANS HIRING P	REFERENCE	
18. Are you claiming preference in hiring under U.S. law, including the Foreign Service Act of 1980, based upon your status as either a U.S. Citizen Eligible Family Member (USEFM) or U. S. Veteran? See Instructions for Completing the DS-174 for additional information about the USEFM and U.S. Veterans hiring preference. (Check only one.) Yes, I am a U.S. Citizen EFM and also a U.S. Veteran. Yes, I am a U.S. Citizen EFM. No, I am neither a U.S. Citizen EFM, nor a U.S. Veteran. Have you invoked this preference for a prior position at this post/Mission? Date (mm-dd-yyyyy) If claiming eligibility for U.S. Veteran preference, you must attach a copy of your most recent DD-214, Certificate of Release or Discharge from Active Duty. If claiming conditional eligibility for U.S. Veterans preference, you must submit proof of conditional eligibility.					
	EDUCATION	NC			
19. Graduate School Name of School, City, State or Country	Dates Attended (mm-yyyy) From To	Did you graduate? Yes No	Degree/Diploma	Major Subject	
Undergraduate College/University Name of School, City, State or Country	Dates Attended (mm-yyyy) From To	Did you graduate? Yes No	Degree/Diploma	Major Subject	
High School/GED or Country Equivalent Name of School, City, State or Country	Dates Attended (mm-yyyy) From To	Did you graduate? Yes No	If no, highest gra	ide level completed.	
Other, e.g Technical/Vocational School Name of School, City, State or Country	Dates Attended (mm-yyyy) From To	Did you graduate? Yes No	Certificate/Diploma	Major Subject	

		LANG	UAGES					
20. List your languages may only identify one p	s, the appropriate competerimary/first spoken/native	ency levels, and your primanguage.	nary/first spoken/	native language	using the language stan	dards below. You		
Language Indicate	<u>ors</u>							
Level I Basic Kno	-							
Level II Limited K								
Level III Good Wo	orking Knowledge							
	nal Translator/Interpreter							
Language Level To:				Speak	Read	Write		
Primary -								
				1 1 1				
				11				
		WORK EX	PERIENCE					
duties/responsibilities ar	nce, paid and voluntary. S nd accomplishments. Incl ence that directly relates t	ude supervisory responsi	bilities and the n	umber of employ	vees supervised. Go into	as much detail as		
		21a. WORK	EXPERIENCE					
21a. Job Title (If U.S. G	Government, include the se	eries and grade)						
From (mm-yyyy)	From (mm-yyyy) To (mm-yyyy) Salary per Year in U.S. Dollars or Local Currency Hours per Week							
Employer's Name and A	Address		Supervisor's N	ame and Contac	ct Information			
			Name	Name				
			Phone Nur	Phone Number				
			E-mail Add	ddress				
Were you a supervis	sor in this position?		May HR co	ontact your super	rvisor?			
If yes, how many people did you supervise?								
Describe your major dut	ies/responsibilities and ac	complishments.						
Reason(s) for Leaving (I	Do not write "N/A" or "not a	applicable".)						

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21b. WORK EXPERIENCE					
21b. Job Title (If U.S. Government, include the series and grade)					
From (mm-yyyy)	To (mm-yyyy)	Salary per Year in U.S.	Dollars or Local Currency	Hours per Week	
Employer's Name and	Address		Supervisor's Name and Con	itact Information	
			Name		
			Phone Number		
			E-mail Address		*
Were you a supervisor in this position? Yes No If yes, how many people did you supervise?		May HR contact your supervisor? Yes No			
,, p.					
Describe your major du	ties/responsibilities and ac	complishments.			
Reason(s) for Leaving (Do not write "N/A" or "not	applicable".)			
21c. Job Title (If U.S. G	overnment, include the se		EXPERIENCE		
From (mm-yyyy)	To (mm-yyyy)	Salary per Year in U.S.	Dollars or Local Currency	Hours per Week	
Employer's Name and A	ddress		Supervisor's Name and Con	tact Information	
			Name		
			Phone Number		
			E-mail Address		
Were you a supervisor in this position?					
Describe your major duties/responsibilities and accomplishments.					
Reason(s) for Leaving (L	Do not write "N/A" or "not a	applicable".)			

		21d. WORK	EXPERIENCE			
21d. Job Title (If U.S.	. Government, include the se	eries and grade)				
From (mm-yyyy)	To (mm-yyyy)	Salary per Year in U.S. Dollars or Local Currency Hours per Week			Veek	
Employer's Name and	d Address		Supervisor's Name and C	Contact Informatio	n	
			Name			
			Phone Number			
			E-mail Address			
Were you a supervisor in this position? Yes No If yes, how many people did you supervise?			May HR contact your supervisor? Yes No			
	duties/responsibilities and ac					
	LICENSE, SKI	LLS, TRAINING, ME	EMBERSHIP, AND RI	ECOGNITION		
relevant to the position. Include the license or certification number and attach a copy if the license or certification is a requirement of the position. If licensed in the U.S., please list the state of issuance. If licensed in another country, please list the province/state/region and country of issuance. (Use additional pages, as necessary.) 23. List professional organizations, associations, awards, honors, fellowships, and publications you consider significant.						
		D	FNOTO			
		REFER				
24. List three personal	references who are not rela	atives or former superviso	rs who can speak knowledg	geably of your wo	rk performance.	
Name	Address		Telephone		Occupation	
		SIGNATURE AND	CERTIFICATION			
good faith. I understar termination/dismissal a	nd that false or fraudulent inf	formation on or attached to be punishable by fine or in	to this application may be graphication may be graphication may be graphicated to the same according to the same areas.	rounds for not hiri	correct, complete, and made in ing me, or for or U.S. law. I understand that	
Signature				Date (mm-dd-yyy)	()	

CONTINUATION - WORK EXPERIENCE					
21 Job Title (If U.S.	Government, include the s	series and grade)			
From (mm-yyyy)	To (mm-yyyy)	Salary per Year in U.S.	Hours per Week		
Employer's Name and	Address		Supervisor's Name and Co	ntact Information	
			Name		
			Phone Number	P-	
			E-mail Address		
Were you a supervisor in this position? Yes No If yes, how many people did you supervise?		May HR contact your supervisor? Yes No			
Describe your major d	uties/responsibilities and a	ccomplishments.			
Reason(s) for Leaving	(Do not write "N/A" or "not		WORK EXPERIENCE		
21 Job Title (If U.S.	Government, include the se		WORK EXPERIENCE		
		g,			
From (mm-yyyy)	To (mm-yyyy)	Salary per Year in U.S.	Dollars or Local Currency	Hours per Week	
Employer's Name and	Address		Supervisor's Name and Cor	ntact Information	
			Name		
			Phone Number		
			E-mail Address		
Were you a supervisor in this position? Yes No May HR contact your supervisor? Yes No If yes, how many people did you supervise?					
Describe your major du	ties/responsibilities and ac	ccomplishments.			
Reason(s) for Leaving	(Do not write "N/A" or "not	applicable".)			